






# CITY OF SAN ANTONIO NEIGHBORHOOD & HOUSING SERVICES DEPARTMENT

1400 S. Flores, San Antonio TX 78204

210-207-6459 or 207-5403

- The **MINOR REPAIR PROGRAM** addresses health and safety items such as plumbing, electrical, non-working utilities, broken windows, damaged doors or other items in need of repair.
- The **UNDER 1 ROOF PROGRAM** repairs or replaces worn and damaged roofs with new, energy-efficient roofs for qualified homeowners.
- The **LET'S PAINT PROGRAM** assists homeowners with exterior paint and exterior minor repairs on home only.
- Program funding begins October 1, 2018. Applications are accepted and processed until funding is exhausted. Application approval is contingent on program allocation approval from U.S. Department of Housing and Urban Development and City Council.

## PROGRAM ELIGIBILITY REQUIREMENTS

		
<b>Minor Repair Program</b> Available Citywide	<b>Roof Program</b> Available Citywide	<b>Paint Program</b> Districts 4, 5
Property must be within San Antonio city limits and have Homestead Exemption		
Property taxes must be current (no prior year taxes due)		
Be a US citizen or Legal Resident with no prior liens or Judgments		
Property must be <b>SOLEY</b> owned and occupied and less then 1500sqft		
Must meet established HUD Income limits income guidelines, Gross income must not exceed 80% of the Area Median Income (AMI)		

### HUD 2018 Income Limits

Family Size	1	2	3	4	5	6	7	8
Max Annual Income	37,450	42,800	48,150	53,450	57,750	62,050	66,300	70,600

<b>APPLICATION CHECKLIST</b>
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*All applications MUST contain the following information:*

- Completed & Signed Application
- Copy of Warranty Deed (can be obtained at the courthouse for \$9.00)
- Copy of Property Insurance if applicable
- Fill out a Consent to Release Insurance Information if applicable
- Current Picture ID or Driver's License for all occupants over the age of 18
- 3 MONTHS of current paystubs for all occupants in household (must be current and consecutive)
- If self-employed: copy of Income Tax Return for past two years
- Current Award Letter from Social Security, Retirement Benefits, or Child Support
- Current Award Letter for any state or federal assistance program. Provide documentation from the supportive agency stating the current amount being received or awarded for all occupants. (SNAP, TANIF, Medicaid, Etc.)

**Office Use Only:**

- ☐ Square footage  
☐ Taxes  
☐ Background  
☐ Income



CITY OF SAN ANTONIO  
**NEIGHBORHOOD & HOUSING  
 SERVICES DEPARTMENT**

**HOUSING REPAIR PROGRAMS APPLICATION**

For which program(s) are you applying?

☐ **Minor Repair**
☐ **Under 1 Roof**
☐ **Let's Paint**

Today's Date: \_\_\_\_\_

My Council District: \_\_\_\_\_

APPLICANT'S NAME		DATE OF BIRTH	CO-APPLICANT	DATE OF BIRTH
ADDRESS (CITY, STATE & ZIPCODE)				
PHONE#:		2 <sup>nd</sup> PHONE#:		
DRIVER'S LICENSE/ID:	SOCIAL SECURITY:	DRIVER'S LICENSE/ID:	SOCIAL SECURITY:	
US citizen or permanent resident: yes ___ or no ___ Are you disabled: yes ___ or no ___ Are you a veteran: yes ___ or no ___ What is your Race: _____ Are you Hispanic: yes ___ or no ___		US citizen or permanent resident: yes ___ or no ___ Are you disabled: yes ___ or no ___ Are you a veteran: yes ___ or no ___ What is your Race: _____ Are you Hispanic: yes ___ or no ___		
List <u>Gross Monthly Income</u> and describe any "Other" income (child support, food stamps, etc.) <b>APPLICANT</b>		List <u>Gross Monthly Income</u> and describe any "Other" income (child support, food stamps, etc.) <b>CO-APPLICANT</b>		
<u>List Gross Dollar Amount Below:</u>		<u>List Gross Dollar Amount Below:</u>		
Employment: _____		Employment: _____		
Social Security: _____		Social Security: _____		
Retirement: _____		Retirement: _____		
VA, Civil Service: _____		VA, Civil Service: _____		
OTHER: _____		OTHER: _____		
TOTAL INCOME:		TOTAL INCOME:		

**Initial below** to acknowledge the following information:

\_\_\_\_\_ Minor Repairs funds are a ONE-TIME GRANT **not to exceed up to \$25,000** per household.

\_\_\_\_\_ Let's Paint funds are a ONE-TIME GRANT **not to exceed \$7,000** per household.

\_\_\_\_\_ Under 1 Roof funds are a ONE-TIME GRANT **not to exceed \$14,000** per household.

\_\_\_\_\_ I understand my property may be found unfeasible if not within the program guidelines.

\_\_\_\_\_ I understand property insurance documentation should be provided but is not a requirement to apply for assistance. If unable to purchase property insurance due to the current condition of the property, insurance may be purchased after completion of the project.

\_\_\_\_\_ I certify that I have not made an insurance claim for my roof in the last 5 years

\_\_\_\_\_ I give the City permission to share my application with CPS Energy or AACOG to be considered for energy efficient programs: such as Weatherization Program. I understand that I may be contacted by CPS Energy or AACOG staff.

\_\_\_\_\_ If qualified, I understand COSA will place a Restrictive Covenant; requiring me to maintain property as my homestead for five years from project completion.

Yes \_\_\_\_\_ No \_\_\_\_\_ I am interested in receiving up to 1 to 2 trees from the City of San Antonio's Parks and Recreation Department at no cost to me, but I will be responsible for the care and maintenance of the tree.

How many people live in the house? \_\_\_\_\_ In the area below, provide information for all household members.

NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME

Do you have children ages 1-5 residing in the home or spent at least 6 hrs per week in the home?

If so, would you be interested in being referred to the Green & Healthy Homes? Yes \_\_\_\_\_ No \_\_\_\_\_ .

**APPLICANT'S CERTIFICATION:** I certify that all information given and furnished in this application is given for the purposes of obtaining assistance through one of the three programs incorporated into this application. I also certify that all information is true and correct to the best of my knowledge and belief. I authorize the City of San Antonio to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. I certify that I am the owner and occupant of the property to be repaired and that the property is my principal residence. I understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.

**Applicant's Signature**

**Date**

**Co-Applicant's Signature**

**Date**

To best assist you, in the space below describe the type of home repair problem or issue for which you are seeking assistance. Examples: *I have a roof leak, I need to plumbing repairs, I need a shower, etc.*